

# Time Critical Diagnosis (TCD)-Stroke and STEMI System Document

## Stroke-Specific

**TITLE:** 7. Inter-Facility Transfer Protocol for Stroke Patients Receiving Lytics

**DISTRIBUTION:** All Emergency Medical Services, Hospital Emergency Department and Designated Stroke Center Personnel

**PURPOSE:** To provide clear protocol for the transport of a stroke patient from one facility to another. This usually occurs in an effort to move the stroke patient to a higher level of care where necessary resources optimize recovery. This protocol is specific to a stroke patient that is receiving lytics at the time of the transfer.

### PROTOCOL:

#### Patient Care Communication Hand-off Information

**EMS staff shall obtain or receive the following information from the referring hospital:**

1. Provide a phone number where someone knowledgeable of the patient's current condition and health history can be contacted immediately (preferably a cell phone).
2. Compile time stamps (see below)/documentation
3. Provide ongoing orders
4. Compile contact information for clinicians at referring and receiving facilities
5. Verify whether CT films or CD are being sent with patient (do not delay transport if not readily available)
6. Record NIH Stroke Scale if available.
7. Obtain specific destination location (room, department)
8. Confirm 2 PIVs (preferably 18ga AC)

#### Time Stamps

1. Last known well/normal
2. Arrival time
3. CT (when completed and when read/reviewed)
4. Document and review with transport team: lytics bolus, infusion, and expected completion time (establish tPA protocol/tool kit).
5. Document neuro checks and vital signs every 15 minutes.

#### During Transport

1. If condition deteriorates during transport, discontinue lytics and contact receiving hospital for medical control.
2. Document neuro checks and vital signs every 15 minutes.
3. If blood pressure greater than 180/105, contact receiving hospital.

4. Transport patient with head flat, unless risk of aspiration is present.
5. Do not give any anti-platelets or anti-coagulants.
6. Call receiving unit 10 minutes prior to arrival.

#### **Upon Arrival**

**EMS staff shall provide the following information to the receiving hospital:**

1. Patient assessment and condition upon arrival, including time of onset;
2. Care provided;
3. Status of lytics(all in?);
4. Changes in condition following treatment and specific immediate family contact information.

***Note—group determined that all steps and general information on non-tPA are to be included.***

***CHECK—has all of this information been appropriately included?***

- Do not delay transport.
- Time last known well/normal
- Neuro exam (signs/symptoms)
- CT – bleed? yes/no
- ABC's (follow Airway/Oxygenation Protocol).
- (add EMT protocol)
- Time transportation was called
- Type of transport (air/ambulance)
- Lab results (glucose, platelets, creatinine, and INR) – draw/run
- Exclusions/Inclusions
- Communication - Receiving hospital notified, transfer accepted?
- Strict NPO
- Obtain vital signs
- Copy of records/films, medication list
- Blood pressure management guidelines
- No ASA or Heparin
- Antiemetic
- Contact info
- Current medications
  - Rate
- Preferably 2 #18 IV lines or access
  - AC
  - NS
- Protocol guidelines for neurological deterioration en route

**Acronyms:**

- AC-
- ASA-
- CD-
- CT-
- EMS-Emergency Medical Services
- EMT-Emergency Medical Technician
- INR-
- IV-
- NIH-National Institutes of Health
- NPO-nothing by mouth
- NS-
- PIVs-Peripheral IVs
- tPA-recombinant tissue Plasminogen Activator

Stroke and STEMI meetings at which Out-of-Hospital and Stroke Work Groups contributed input to this document: 2/10/09, 4/7/09 and 5/12/09.